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|  |  **DSHS Unpaid Intern / Volunteer Application** |
| The Department of Social and Health Services (DSHS) utilizes a wide range of volunteer services and unpaid internships, to include for-credit internships. We enhance our service quality and quantity by utilizing carefully selected residents / individuals as unpaid interns / volunteers. We appreciate your interest and look forward to reviewing your application.Depending on the duties or location of your assignments, DSHS may need to review Department of Licensing and Washington State Patrol Records by running a background check to ensure the safety of clients, staff and members of the community. You will be notified before any background check is conducted. |
| **Application Information** |
| NAME (LAST, FIRST, MIDDLE INITIAL) | PRIMARY PHONE NUMBER | SECONDARY PHONE NUMBER |
| MAILING ADDRESS (INCLUDE APARTMENT NUMBER, IF APPLICABLE) CITY STATE ZIP CODE |
| EMAIL ADDRESS |
| **Current Employment** |
| Are you a current DSHS employee? [ ]  Yes [ ]  NoIf yes, please identify your: |
| PERSONNEL IDENTIFICATION NUMBER | CURRENT POSITION |
| **Education, License, Registration and/or Certification (required if applicable)** |
| HIGHEST LEVEL OF EDUCATION AND/OR CURRENT EDUCATION PROGRAM ENROLLMENT |
| EDUCATION MAJOR / MINOR AND TOTAL HOURS REQUIRED FOR CREDIT |
| NAME OF HIGHER EDUCATION INSTITUTION |
| HIGHER EDUCATION INSTITUTION POINT OF CONTACT |
| ADDITIONAL LICENSES, REGISTRATION, CERTIFICATIONS, AND/OR LANGUAGES |
| **Previous Volunteer Experience (briefly detail past experience in the space provided)** |
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| **Interests** |
| Why are you interested in participating in this program? Please include any goals / objectives, as applicable. |
| What type of roles / opportunities interest you? |
| What are your preferred days and hours for participation? |
| Please list a few of your skills, interests, and hobbies. |
| Do you hold a valid driver’s license? [ ]  Yes [ ]  No |
| **Personal or Professional References** |
| REFERENCE NAME | RELATIONSHIP TO APPLICANT |
| PHONE NUMBER | EMAIL ADDRESS |
| REFERENCE NAME | RELATIONSHIP TO APPLICANT |
| PHONE NUMBER | EMAIL ADDRESS |
| REFERENCE NAME | RELATIONSHIP TO APPLICANT |
| PHONE NUMBER | EMAIL ADDRESS |
| **Attestation** |
| By signing and dating this form, I attest that all answers, statements, information and any other materials submitted with this application are true and complete to the best of my knowledge. I understand that DSHS reserves the right to verify the information contained herein. Furthermore, I understand that I may be disqualified from participation and/or rejected from further participation, if DSHS determines that I provided untruthful and/or misleading information.  |
| INTERN / VOLUNTEER’S SIGNATURE DATE  |